

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527212

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1										1			
2										1			
3										1			
4										1			
5										1			
6										1			
7										1			
8										1			
9										1			
10										1			
11										1			
12										1			
13										1			
14										1			
15										1			
16										1			
17										1			
18										1			
19										1			
20										1			
21										1			
22										1			
23										1			
24										1			
25										1			
26										1			
27										1			
28										1			
29										1			
30										1			
31										1			
32										1			
33										1			
34										1			
35										1			
36										1			
37										1			
38										1			
39										1			
40										1			
41										1			
42										1			
43										1			
44										1			
45										1			
46										1			
47										1			
48										1			
49										1			
50										1			
TOTAL IND.										5			
TOTAL DEP.										24			
TOTAL CLAIMS										29			